

# CERTIFICATION OF MONUMENT DATA

NAME:

DATE OF BIRTH

DATE OF DEATH

## TYPE OF RELIGIOUS EMBLEM

CHRISTIAN CROSS

STAR OF DAVID

NO EMBLEM

OTHER (Specify)

## VETERAN ELIGIBILITY INFORMATION

BRANCH OF SERVICE:

GRADE, RATE OR RANK:

PERIOD OF SERVICE:

*I hereby certify that the above information is correct*

RELATIONSHIP TO DECEDENT

SIGNATURE OF NEXT OF KIN

DATE

## ADDITIONAL INSCRIPTION

The above information will be on the headstone and you may add two additional lines of inscription with no more than fifteen (15) letters or spaces per line.

Final approval by Cemetery Director.

Please note: Headstones will be ordered after receipt of this completed form.


THANK YOU FOR ALLOWING US TO SERVE THE VETERAN

Arkansas State Veterans' Cemetery

1501 West Maryland Avenue

North Little Rock, Arkansas 72120

Phone: (501) 683-2259 Fax: (501) 992-0162